County of Los Angeles – Department of Mental Health
Countywide Housing, Employment & Education Resource Development
Federal Housing Subsidies Unit
Pre-Authorization Request for Shelter Plus Care (SPC) Certificate
for GOOD SAMARITAN GRANT (Chronically Homeless Individuals ONLY)

Before you begin working on a SPC application, please complete and fax this form to Anu Sahni @ 213-252-8883. FHSU will run a service cost report for the services provided in the past year (or since the admission date if the case has been opened for less than a year) to determine if the client qualifies for the SPC service match requirement. **DO NOT begin completing an application packet until you receive a response from FHSU.**

Definition of Chronic Homelessness: An unaccompanied homeless *individual* with a disabling condition who has either been continuously homeless for one (1) year or more or had at least four (4) episodes of homelessness in the past three (3) years.

Client Information

IS Number	Date	Date of Birth	Social Security Number	Sex
				☐ Male ☐ Female

Client Last Name	Client First Name	Head of Household	Veteran	SPC Program
		☐ No ☐ Yes	☐ No ☐ Yes	☐ HACLA ☐ HACoLA

Enrolled in
☐ Mental Health Program ☐ FSP ☐ Project 50 & Replications
☐ Other (explain):

Total Household Monthly Income
$

Income Source (check all that apply)

☐ Social Security	☐ GR	☐ Unemployment	☐ Other (explain):
☐ SSI	☐ Food Stamps	☐ Veteran's Benefit	
☐ SSDI	☐ Child Support	☐ CalWORKS	
☐ SDI	☐ Contributions	☐ TANF	

Agency/Clinic Information

Agency/Clinic	Housing Liaison/Case Manager	Service Area

Email Address (please print)	Phone Number	Fax Number

History of Chronic Homelessness

Provide a timeline of client's homelessness history. Attach a separate sheet if necessary.

For FHSU staff use only. Please DO NOT fill out.

Client portion of the rent $_____ x 30% = $_____ Service Cost: $_____

HACLA/HACoLA portion of rent: $_____ - $_____ = $_____

☐ Meets service cost requirement. Please submit application for S+C.

☐ Does not meet service cost requirement. Please do not submit application for S+C and consider another housing option.

_____ _____
Signature of FHSU staff **Date**